Residence Address:

Post Office Address:

Citizenship:

Attorney's Docket No.: 10284-018001 Client's Ref. No.: MGH 1571.0

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PHOTOCHEMICAL TISSUE BONDING, the specification of which:

| [X] is attached hereto. | | |
|--|--|---|
| [] was filed on _ as Applica | ation Serial No and was amend | led on |
| [] was described and claime | ed in PCT International Applicati | ion No filed on |
| and | as amended under PCT Article 1 | 9 on |
| I hereby state that I have revieuncluding the claims, as amended by any | wed and understand the contents y amendment referred to above. | of the above-identified specification, |
| I acknowledge the duty to disc Title 37, Code of Federal Regulations, | lose all information I know to be §1.56. | material to patentability in accordance with |
| I hereby claim the benefit unde application(s) listed below: | er Title 35, United States Code, § | 119(e)(1) of any United States provisional |
| U.S. Serial No. | Filing Date | Status |
| 60/181,980 | February 11, 2000 | Pending |
| P. Louis Myers, Reg. No. 35,965 Timothy A. French, Reg. No. 30,175 Address all telephone calls to I Address all correspondence to FISH & RICHARDSON P.C. 225 Franklin Street | Diana M. Co | er Lawrence, Reg. No. 46,593 ollazo, Reg. No. 46,635 nber (617) 542-5070. |
| Boston, MA 02110-2804 | | |
| on information and belief are believed that willful false statements and the like | to be true; and further that these s so made are punishable by fine code and that such willful false star | wledge are true and that all statements made tatements were made with the knowledge or imprisonment, or both, under Section tements may jeopardize the validity of the |
| Full Name of Inventor: DIMITRI AZ | AR | |
| Inventor's Signature: | | Date: |

271 Clinton Road, Brookline, MA 02445

271 Clinton Road, Brookline, MA 02445

Lebanon

Attorney's Docket No.: 10284-018001 Client's Ref. No.: MGH 1571.0

20197670.doc

Combined Declaration and Power of Attorney Page 2 of 2 Pages

| Full Name of Inventor: | IRENE E. KOCHEVAR | |
|------------------------|---|-------|
| Inventor's Signature: | | Date: |
| Residence Address: | 17 Monument Square, Charlestown, MA 02129 | |
| Citizenship: | United States | |
| Post Office Address: | 17 Monument Square, Charlestown, MA 02129 | |
| Full Name of Inventor: | ROBERT W. REDMOND | |
| Inventor's Signature: | | Date: |
| Residence Address: | 177 Derby Street, West Newton MA 02465 | |
| Citizenship: | United States | |
| Post Office Address: | 177 Derby Street, West Newton MA 02465 | |
| | | |